

## City of Cambridge

HACKNEY CARRIAGE DIVISION

831 MASSACHUSETTS AVE. 1ST FLOOR • CAMBRIDGE, MASS. 02139 (617) 349-6140



## **HACKNEY COMPLAINT FORM**

COMPLAINANT	COMPLAINT AGAINST
Name	Name
Street	Street
City/State/Zip	City/State/Zip
Phone#	Phone#
Alternate number	Cab Company
Incident/Occurrence: Date: Location:	Time:
Were Police notified, if applicable?	Y N Date: Time:
Medallion # License No	Hackney License No.
What outcome do you seek?  (i.e. put on record; investigate; license Signed under the Pains and Penalties of	e hearing; other) f Perjury
Date:	Complainant's Signature
For Office Use Only: Number years lie	censed as a taxi driver in Cambridge: